2017 MTN/CHEVY RAFFLE

Town Pump

FORM MUST ACCOMPANY TICKETS.

Credit for Sales Goes To:

Council # _____

TICKET SALES		
1. Total number of tickets sold _____ x $5.00		$ _____
2. Amount Enclosed		$ _____

Ticket stubs, reconciliation and sales amount must be returned to your District Deputy.

District Deputies: Please send to the address below. **DO NOT mail cash**. A personal or certified check should be forwarded for the sales amount

DISTRICT DEPUTIES MUST RETURN ALL SOLD TICKETS AND MONIES SO THAT THEY ARRIVE AT THE SOMT OFFICE BY MAY 2, 2017. ALL UNSOLD TICKETS MUST BE RETURNED TO SPECIAL OLYMPICS MONTANA BEFORE OR IMMEDIATELY FOLLOWING THE DRAWING.

Return to: Special Olympics Montana
Attention: MTN/Chevy Raffle
710 1st Ave N / PO Box 3507 (59403)
Great Falls, MT 59401
1.406.216.5327 or 1.800.242.6876 (MT only)

CONTACT INFORMATION

Contact Name _____

Address _____ City _____ St/Zip _____

Phone _____ E-mail _____

Date _____ Signature _____

Visit www.somt.org for additional forms

Office Use Only: Over/Short: _____ Amt Rec: _____ Deposit # _____